antiretroviral therapy and to investigate whether mental health affects adherence to antiretroviral therapy.
Methods: A cross-sectional mixed observational correlation study in a sample of 112 HIV-positive individuals was conducted. The Simplified Medication Adherence Questionnaire (SMAQ) was used to assess adherence to antiretroviral therapy, the Beck Depression Inventory (BDI) was used to assess depression, and the WHOQOL – BREF tool was used to assess mental health.
Results: The results of the study showed that 58.93% of patients were found to be non-adherent to antiretroviral therapy. Furthermore, according to the BDI scale, 10.7% of patients experienced marginal clinical depression, 10.7% experienced moderate levels of depression and 2.7% experienced severe or very severe levels of depression. Further, people living with HIV had a moderate level of mental health (M = 3.40, SD = 0.58).
Conclusions: Our study showed that a high percentage of people living with HIV are non-adherent to antiretroviral therapy. Factors that are possibly associated with decreased adherence are mental health and especially depression. Psychological support for people living with HIV and anti-depressant prevention programs could increase adherence to antiretroviral therapy.

Keywords: HIV; mental health; adherence; antiretroviral therapy

EPP0240

An acute psychotic disorder revealing hyperthyroidism by thyroid neoplasia: A case study

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Introduction: Rarely, thyroid cancer can lead to hyperthyroidism. The link between dysthyroidism and psychiatric symptoms is well established, but cases of psychosis associated with hyperthyroidism are rarely reported in the literature.
Objectives: Identifying psychosis secondary to hyperthyroidism caused by a secreting tumor through a case and literature review.
Methods: We report the case of a patient with thyroid suspect tumor and chronic psychosis. We performed a literature review based on a PubMed search with the following keywords: "dysthyroidism psychosis".
Results: Mr. S,32, with a personal psychiatric history of chronic psychosis evolving since 4 years, without notable pathological history, was hospitalized in psychiatry for psychomotor instability, verbal hetero-aggressiveness, subtotal insomnia and refusal of treatment. The psychiatric examination revealed the presence of a chronic delusional syndrome with a theme of persecution, mysticism,and an interpretive, intuitive and hallucinatory mechanism, without dissociative syndrome. The somatic examination objectified a cachectic patient with a bilateral symmetrical non-impulsive exophthalmos, a goiter with a thrill on palpation, dysphonia and sinus tachycardia.A laboratory workup revealed inflammatory syndrome, collapsed TSH (<0.05 mU / L) and an increased T4 to 37 pmol / L. Cervical ultrasound showed a strongly suspect left lobar heteronodular goiter and poorly structured peripheral lymphadenopathy (TI-RADS 4-B). Sedative diazepam therapy was started with antithyroid therapy and a beta blocker. The evolution was quickly favorable. The patient is referred for surgical treatement.
Conclusions: The severity of the hyperthyroidism,neoplastic origin, the improvement in psychotic signs with antithyroid treatment are arguments in favor of the thyroid origin by thyroid neoplasia.

Keywords: dysthyroidism; psychosis; tumor; hyperthyroidism

EPP0241

Options for the recovery of mental activity in children after acute brain damage.

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Introduction: Children with acute brain damage make up a large group of patients who require multi-stage rehabilitation. Rehabilitation requires the creation of special conditions for psychiatric care and psychological and pedagogical correction of the consequences of severe damage to the nervous system.
Objectives: To identify the options for mental activity during the restoration of the level of consciousness in children after acute severe brain damage.
Methods: 210 children under the age of 18 with severe brain damage (traumatic brain injury, hypoxia, hydrocephalus). Clinical-psychopathological, pedagogical methods were used; additionally diagnostic scales, questionnaires.
Results: 4 groups were formed: 1st 37 (18%) patients had manifestations of mental activity with physical, cognitive and social capabilities in the minimal consciousness "+" (a- / hyperkinetic mutism with emotional reactions, understanding of addressed speech); 2nd 67 (32%) - manifestations of physical and cognitive abilities with minimal consciousness "-" (a- / hyperkinetic mutism without reactions); 3rd 95 (40%) - only the manifestation of physical capabilities at the exit from the vegetative status. 4th 11 (10%) - a low manifestation of mental activity in the form of physical capabilities with a vegetative status.
Conclusions: 4 variants of mental activity in children after acute severe brain damage have been identified: from minimal involuntary reactions or their absence in vegetative status to voluntary actions according to the instructions of an adult in minimal